

**EVALUATION OF
CHILD AND ADOLESCENT
MENTAL HEALTH PROGRAMS**

By

**Department for Children and Families
Division of Child Welfare and Youth Justice
Case Workers in Vermont**

TECHNICAL REPORT

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FOREWORD

The 2004 survey is one part of a larger effort to monitor Child and Adolescent Mental Health Programs in Vermont from multiple perspectives. This perspective is provided by the case workers in the Department for Children and Families' Division of Child Welfare and Youth Justice (DCWYJ). The case worker evaluations will be used in conjunction with the assessments of other stakeholders and service recipients and with measures of program performance drawn from existing data bases to provide a more complete picture of the performance of local community mental health center programs. The combined results of these evaluations will allow a variety of stakeholders to systematically compare the performance of community based mental health programs in Vermont, and to support local programs in their ongoing quality improvement process.

The results of this survey should be considered in light of previous consumer and stakeholder based evaluations of community mental health center programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. Previous assessments of Child and Adolescent Mental Health Programs include the following:

- (1) 2003 Evaluation by Young People
(<http://www.ddmhs.state.vt.us/docs/res-eval/satisfaction-research/03kidstechnicalreport.pdf>)
- (2) 2002 Evaluation by Parents
(<http://www.ddmhs.state.vt.us/docs/res-eval/satisfaction->)
- (3) 2001 Evaluation by Educators
(<http://www.ddmhs.state.vt.us/docs/res-eval/satisfaction-research/01edtechnicalreport.pdf>)
- (4) 2000 Evaluation by SRS Case Workers
(<http://www.ddmhs.state.vt.us/docs/res-eval/satisfaction-research/01srstechnicalreport.pdf>)
- (5) 1999 Evaluation by Young People
(<http://www.ddmhs.state.vt.us/docs/res-eval/satisfaction-research/99kidstechnicalreport.pdf>)

These evaluations should also be considered in light of measures of levels of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of existing data. Many of these indicators are available in the annual statistical reports and weekly Performance Indicator Project Reports that are available from the Research and Statistics Unit (<http://www.ddmhs.state.vt.us/docs/pips/pips-by-service-prog.html#cafu>).

This approach to program evaluation is based on the understanding that program performance is a multidimensional phenomenon which is most accurately seen through a variety of different indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont's Child and Adolescent Mental Health Programs, namely the evaluations of professional personnel from another human service agency serving many of the same young people and their families.

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EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS

By Child Welfare and Youth Justice Case Workers in Vermont: 2004

PROJECT OVERVIEW AND SUMMARY OF RESULTS

During the fall of 2004, the Child and Family Unit of the Division Mental Health mailed a survey to case workers in the Division of Child Welfare and Youth Justice (DCWYJ) in the Department for Children and Families*. The purpose of the survey was to evaluate the Child and Adolescent Mental Health Program in their local Community Mental Health Center. The Division of Child Welfare and Youth Justice is the state agency responsible for providing child protection and juvenile justice services to children and adolescents in Vermont. Many of these young people also receive community mental health services.

The Vermont survey of DCWYJ case workers was designed to provide information that would help stakeholders to assess and compare the performance of Child and Adolescent Mental Health Programs in Vermont. The survey instrument was developed using the 1999 Youth Survey as a base to facilitate cross informant comparisons and modified to address human service issues in consultation with Vermont stakeholders (see Appendix II). All case workers in the Vermont DCWYJ district offices were mailed questionnaires that asked for their opinion of various aspects of these services. Most of the eligible respondents work with only one local Community Mental Health Center. In total, 80 (35%) of the potential pool of 229 questionnaires were returned completed. Since some case workers have two local centers, potential respondents were asked to complete two questionnaires if this was the case. Two case workers wrote the names of two clinics on each of their surveys. The responses of these two case worker surveys were used in analyses of scales for both clinics. This mailed survey followed a failed attempt at web-based data collection. The response rate for this survey may have suffered as a result.

Methodology

The questionnaire consisted of twenty-two fixed alternative items and four open-ended questions. In order to facilitate comparison of Vermont's ten Child and Adolescent Mental Health Programs, the DCWYJ case workers' responses to the fixed alternative items were combined into three composite scales. These scales focus on positive **overall** case worker evaluation of program performance, and positive evaluation of program performance with regard to **staff**, and **quality**. A fourth scale (*outcomes*) was intended; however, the rating labels were erroneously excluded from the survey for these questions and thus not used in the analysis (for details of scale construction, see Appendix IV). Reports of significance are at the 95% confidence level ($p > .05$). The percentages of case workers making positive and negative narrative comments in response to the open-ended questions are noted here as well.

Overall Results

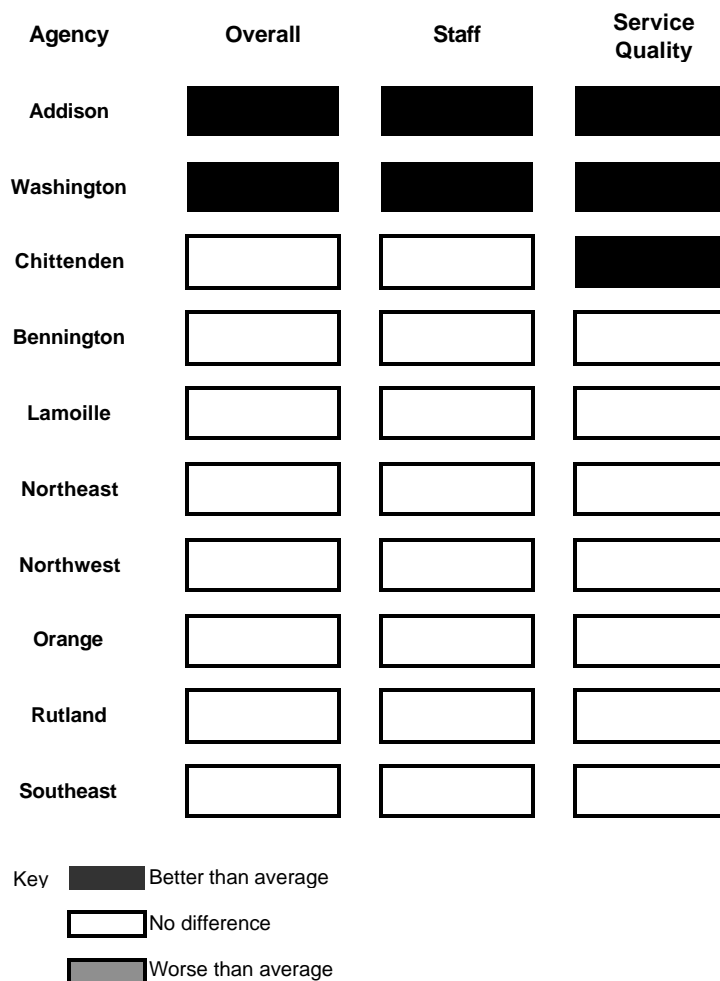
Statewide results are summarized in Figure 2, page 3. On the *overall* measure of program performance, 32% of the respondents evaluated the programs positively. Fixed alternative items related to *staff*, received more favorable responses (45% favorable) than items related to *service quality* (26% favorable). Appendix V, Figure 6 compares the results of the 2000 Case Worker Survey with those of the current survey.

*Formerly the Department of Social and Rehabilitation Services' Division of Social Services.

OVERVIEW OF DIFFERENCES AMONG PROGRAMS

In order to compare DCWYJ case workers' evaluations of Child and Adolescent Mental Health Programs in the ten Community Mental Health Centers, the ratings of individual programs on each of three composite scales were compared to the statewide median for each scale. The results of this survey (see Figure 1) indicate that there were significant differences in evaluations of the state's Child and Adolescent Community Mental Health Programs.

Figure 1
Positive Evaluation of Child and Adolescent Mental Health Programs
By DCWYJ Case Workers in Vermont



The Child and Adolescent Mental Health Programs in Addison County and Washington County received the most favorable assessments, with scores better than the statewide median on all three scales. The program in Chittenden County was rated better than the statewide median on the *service quality* scale, and the other programs rated no differently than the statewide median.

The results of this evaluation of Child and Adolescent Mental Health Programs in Vermont need to be considered in conjunction with other measures of program performance in order to obtain a balanced picture of the quality of care provided to young people with mental health needs in Vermont.

STATEWIDE RESULTS

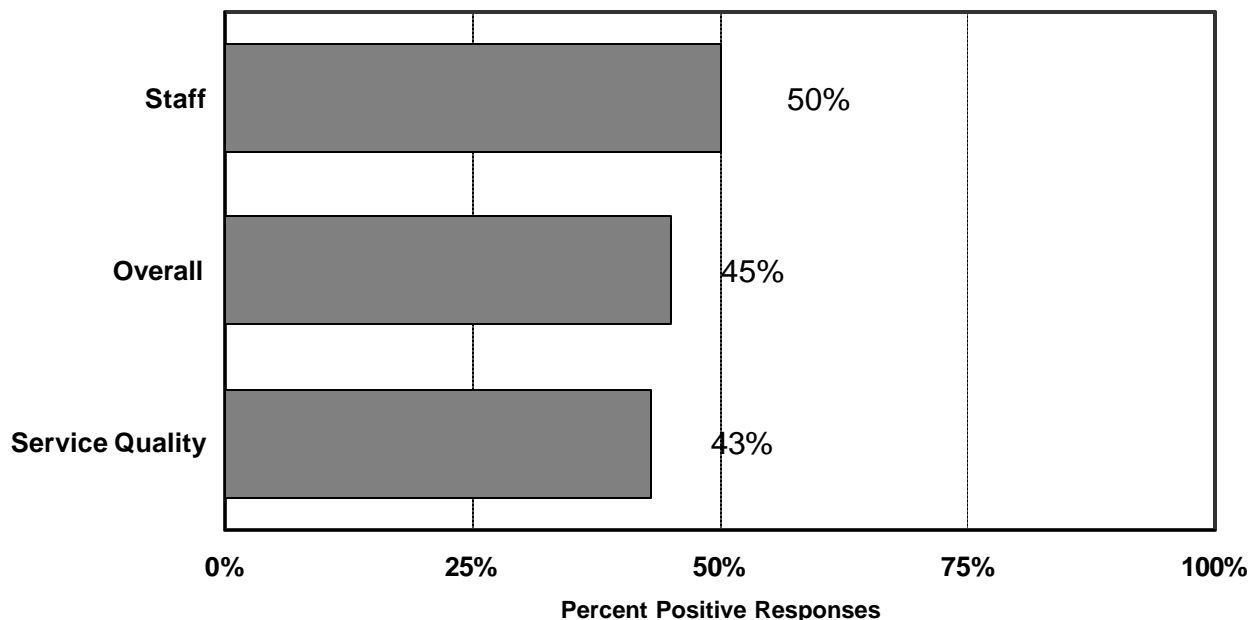
The DCWYJ case workers evaluating Child and Adolescent Mental Health Programs at different Community Mental Health Centers in Vermont had differing opinions of their local programs. (Table 4, Appendix V provides an item-by-item summary of positive responses to the fixed alternative questions.)

Three of the most favorably rated items related to staff, where the DCWYJ workers agreed or strongly agreed that "I like the staff who work with me" (74%), "Staff work effectively with young people" (63%) and "I feel respected by the staff" (60%). Sixty-nine percent of the DCWYJ case workers agreed or strongly agreed that "The services this mental health center provides are helpful."

Two of the three least favorably rated items related to the quantity and type of services needed. Only 26% of the DCWYJ workers felt that "This mental health center provides the amount of services needed by the children and families in this region." Only 41% felt that "This mental health center provides the type of mental health services needed by the children and families with whom we work." Another question with low favorable responses was "The staff ask what I need." Only 40% of the DCWYJ Workers agreed or strongly agreed with that statement.

There were differences in DCWYJ case workers' ratings of Child and Adolescent Mental Health Programs on the three scales derived from responses to the Vermont survey. Fifty percent of the respondents rated programs favorably on the *staff* scale, 45% favorably on the *overall* scale, and 43% favorably on the *service quality* scale (see Figure 2).

Figure 2
Positive Evaluation of Child and Adolescent Mental Health Programs
By DCWYJ Case Workers in Vermont



DIFFERENCES AMONG PROGRAMS

There was considerable variation among regions of the state in the proportion of DCWYJ workers' caseloads who received mental health services from their local CMHC. The lowest proportion was reported by Orange county case workers, all of whom reported 0-40% of their clients were served by the local CMHC. The highest proportion was reported by Addison County case workers where almost 90% of caseworkers reported that 60-100% of their clients were served by the local CMHC and no case workers reported that 0-40% of their clients were served by the local CMHC (see Appendix V, Table 3).

The case workers' evaluations of Child and Adolescent Mental Health Programs at Vermont's ten Community Mental Health Centers on the three scales were mixed. In order to provide a comprehensive overall evaluation of program performance, positive case worker ratings of each program were compared to the statewide median positive ratings for each of the scales (see Appendix V). These comparisons showed considerable variation between providers. Combined, these results provide a succinct portrait of DCWYJ case workers' evaluations of Child and Adolescent Mental Health Programs in Vermont.

The Child and Adolescent Mental Health Programs at Washington County Mental Health Services (Washington) and at the Counseling Service of Addison County (Addison) were the most favorably rated. DCWYJ case workers evaluating Child and Adolescent Mental Health Programs at both of these agencies rated their program better than the statewide median on all three of the scales based on fixed alternative questions (*Overall*, *Staff*, and *Service Quality*). The Child and Adolescent Mental Health Program at the Howard Center for Human Services (Chittenden) was rated better than the statewide median on the *Service Quality* scale. The other programs were rated no differently than the statewide median on any of the scales based on fixed alternative questions.

Positive Overall Evaluation

The measure of overall stakeholder satisfaction with each of the ten Community Mental Health Center Child and Adolescent Mental Health Programs used in this study is based on the DCWYJ case workers' responses to 15 fixed alternative questions. The composite measure of overall satisfaction was based on the number of items with positive responses, (i.e., a rating of 4 or 5 on the 5 point scale). For details of scale construction, see Appendix IV.

DCWYJ case workers' overall ratings of the individual Community Mental Health Centers varied widely. Two Child and Adolescent Mental Health Programs were rated significantly higher than the statewide median of 32% favorable ratings: Washington (100%) and Addison (88%). No program was rated significantly lower than the statewide median (see Appendix V).

Positive Evaluation of Staff

DCWYJ case workers' rating of the staff of their local community Child and Adolescent Mental Health programs, our second composite measure, was derived from responses to ten fixed alternative questions:

4. The clinical staff are adequately trained and supervised.
5. Staff work effectively with young people.
6. The staff know how to work with the child welfare system.
7. The staff communicate clearly and effectively with other involved service providers
8. The staff effectively use the strengths of the child, family, and community.

9. The staff will "go the extra mile" to help children and their families.
10. I feel respected by the staff.
11. I like the staff who work with me
12. The staff ask what we need.
13. The staff listen to what I have to say.

The response alternatives were: 5 *strongly agree*, 4 *agree*, 3 *undecided*, 2 *disagree*, or 1 *strongly disagree*, with 4 and 5 being coded as positive responses. Statewide, DCWYJ case workers generally rated their Child and Adolescent Mental Health Programs more favorably on the Staff scale than on the other scales. Two Child and Adolescent Mental Health Programs were rated significantly higher than the statewide median of 45% favorable ratings: Washington (100%) and Addison (88%). No program was rated significantly lower than the statewide median (see Appendix V).

Positive Evaluation of Service Quality

DCWYJ case workers' rating of the *service quality* of their local community Child and Adolescent Mental Health programs, our third composite measure, was derived from responses to four fixed alternative questions:

3. I would recommend this mental health center to other professionals for their clients.
14. This mental health center provides the type of mental health services needed by the children and families with whom I work.
15. This mental health center provides the amount of services needed by the children and families with whom we work.
16. This mental health center provides quality services.

The response alternatives were: 5 *strongly agree*, 4 *agree*, 3 *undecided*, 2 *disagree*, or 1 *strongly disagree*, with 4 and 5 being coded as positive responses. Three Child and Adolescent Mental Health Programs were given ratings that were significantly higher than the statewide median of 26% on the *service quality* scale. These were Washington (100%), Addison (100%), and Chittenden (58%). No program was rated significantly lower than the statewide median (see Appendix V).

Evaluation Based on Open Ended Questions

In order to obtain a more complete understanding of the opinions and concerns of case workers, four open-ended questions were included in the questionnaire:

20. What was the most helpful aspect of the services this mental health center provided?
21. What was the least helpful aspect of the services this mental health center provided?
22. What could this mental health center do to improve?
23. Other comments?

Eighty-eight percent of respondents supplemented their responses to fixed alternative questions with written narrative comments about the Child and Adolescent Mental Health Programs provided by their local Community Mental Health Centers. When these comments were coded and grouped, it was found that 61% of the respondents made *positive comments*. *Positive comments* were further categorized into *positive comments about staff* (27%), *positive comments about services* (45%) and *positive comments about access* (6%). Seventy-four percent of respondents made *negative comments*. *Negative comments* were further categorized into

negative comments about staff (40%), negative comments about services (56%) and negative comments about access (23%).

APPENDIX I

Cover Letter

October 8, 2004

Dear Colleague:

Earlier this summer Commissioners James Morse and Susan Besio asked you in an e-mail to help us evaluate the services provided by the community mental health center in your region. This year we were pleased to be able conduct the survey on-line for the first time. Unfortunately, the pilot test did not reveal a fatal flaw in the programming. The resulting data is not useable.

We ask for your valuable time to complete the survey only once every four years, and deeply regret the necessity of asking you to do it a second time. However, we believe that Social Services employees have a special insight into what makes quality mental health care for the youth with whom they work. And because there are so few Social Services employees, each person's answers greatly influence the outcome of the survey for any given mental health center.

Therefore, we are asking you to complete the enclosed paper survey and return it to us in the enclosed, stamped envelope. There will be no follow-up letter. Your comments are anonymous; you can not be identified. Results will only be reported as rates and percentages for groups of people.

The paper survey is identical to the electronic survey and consists of 22 scale questions [*i.e.*, "Strongly Agree" to "Strongly Disagree"] and 4 open ended comment questions. It should take 5-10 minutes to complete. To assure your answers can be used, you must enter the name of the mental health center you are evaluating; for larger agencies, we also need to know the site. Please refer to the table below for a complete listing from which to choose. If you work with more than one center and wish to provide feedback on both, simply copy the survey and enter a different center's name on each survey.

Both a summary of the results of this survey and the full technical report will be posted to the Department of Health website during December. If you have any questions, please feel free to contact me at 802-241-2621 or amaynard@vdh.state.vt.us.

Thank you.

Alice Maynard
Child, Adolescent, and Family Unit

Town	Mental Health Center		Town	Mental Health Center
Barre	WCMH		Randolph	CMC
Bennington	UCS		Rutland	RMH
Brattleboro	HCRS:BR		St. Albans	NCSS
Burlington	Baird		St. Johnsbury	NEK:STJ
Middlebury	CSAC		Springfield	HCRC:SPGFLD
Morrisville	LCMH		WRJ/Hartford	HCRS:WRJ
Newport	NEK:NEW			

APPENDIX II

Vermont Mental Health Survey for DCWYJ Case Workers

**Evaluation of Vermont Community Mental Health Centers
By Staff of Division of Child Welfare and Youth Justice of DCF**

Directions:

- A. Name your SRS District. _____
- B. Name the CMHC you are evaluating (See attached list). _____.
- C. Circle the number following each item that best describes your response to statements.

Staff and services may be diverse. For example, some staff may be clinic-based, some may work daily in the school under a Success Beyond Six contract, or some may appear only rarely to provide emergency services to an individual youth or to a town after an event such as a death. Please consider all community mental health center staff and services in your response.

- | | 0-20% | 20-40% | 40-60% | 60-80% | 80-100% |
|---|-------|--------|--------|--------|---------|
| 1. During the past year, how many of your clients received services from this agency. | 1 | 2 | 3 | 4 | 5 |

Overall Evaluation

- | | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
|--|-------------------|----------|-----------|-------|----------------|
| 2. The services this mental health center provides are helpful..... | 1 | 2 | 3 | 4 | 5 |
| 3. I would recommend this mental health center to other professionals for their clients..... | 1 | 2 | 3 | 4 | 5 |

Mental Health Staff

- | | | | | | |
|---|---|---|---|---|---|
| 4. The clinical staff is adequately trained and supervised... | 1 | 2 | 3 | 4 | 5 |
| 5. Staff work effectively with young people..... | 1 | 2 | 3 | 4 | 5 |
| 6. The staff know how to work with the child welfare system..... | 1 | 2 | 3 | 4 | 5 |
| 7. The staff communicate clearly and effectively with other involved service providers..... | 1 | 2 | 3 | 4 | 5 |
| 8. The staff effectively use the strengths of the child, family, and community..... | 1 | 2 | 3 | 4 | 5 |
| 9. The staff will “go the extra mile” to help children and their families..... | 1 | 2 | 3 | 4 | 5 |
| 10. I feel respected by the staff..... | 1 | 2 | 3 | 4 | 5 |
| 11. I like the staff who work with me..... | 1 | 2 | 3 | 4 | 5 |
| 12. The staff ask what we need..... | 1 | 2 | 3 | 4 | 5 |
| 13. The staff listen to what I have to say..... | 1 | 2 | 3 | 4 | 5 |

Services

- | | | | | | |
|--|---|---|---|---|---|
| 14. This mental health center provides the type of mental health services needed by the children and families with whom we work..... | 1 | 2 | 3 | 4 | 5 |
| 15. This mental health center provides the amount of services needed by the children and families in this region..... | 1 | 2 | 3 | 4 | 5 |

Services (continued)

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
16. This mental health center provides quality services.....	1	2	3	4	5

Results

As a result of these services, how many of your clients have improved:

17. handling of stressful situations	1	2	3	4	5
18. daily life.....	1	2	3	4	5
19. family life.....	1	2	3	4	5
20. relationships with friends and other people.....	1	2	3	4	5
21. school attendance	1	2	3	4	5
22. behavior in school.....	1	2	3	4	5

Comments

20. What was the most helpful aspect of the services this mental health center provided?

21. What was the least helpful aspect of the services this mental health center provided?

22. What could this mental health center do to improve?

23. Other comments?

Optional (but it would help a lot to know)

Gender_____ Age_____ Years in this field _____ Highest degree _____

This form was completed by: *[check one]*

___ District Director ___ Casework Supervisor ___ Case Worker

___ Other *[please specify]* _____

Check here [_____] to receive a copy of the findings of this survey.

Thank you!

APPENDIX III
DATA COLLECTION

Project Philosophy
Data Collection Procedures

Project Philosophy

This survey, like other Vermont mental health surveys of consumers and stakeholders, was designed with two goals in mind. First, the project was designed to provide an assessment of program performance that would allow a comparison of the performance of Child and Adolescent Mental Health Programs in Vermont. Included among the intended audience for this report are consumers, parents, caregivers, service providers, program administrators, funding agencies, and members of the general public. The findings of this survey will be an important part of the local Agency Designation process conducted by the Division of Mental Health (DMH). It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give a voice to professional colleagues working in human services whose clients receive mental health services and to provide a situation in which that voice would be heard. All qualified individuals, not just a sample of qualified individuals, were invited to participate in the evaluation. This approach was selected in order to assure the statistical power necessary to compare even small programs across the state, and to provide all DCWYJ case workers with a voice in the evaluation of programs for young people with mental health needs.

Data Collection Procedures

Questionnaires (see Appendix II) were mailed to every one of the 229 DCWYJ case workers (including DCWYJ District Directors) in the 12 districts of Vermont that provide juvenile justice and child protection services to children and adolescents. The questionnaires were mailed in October of 2004 by the Mental Health Division's Child and Family Unit central office staff. The cover letter invited the potential respondent, if he/she worked with more than one center and wished to provide feedback on both, to copy the survey and enter a different center's name on each survey. Although no respondent made a copy of the survey, two case workers wrote the names of two clinics on each of their surveys. The responses of these two case worker surveys were used in analyses of scales for both clinics.

A total of 80 completed questionnaires were returned. The response rate was 35% statewide. Appendix V, Table 1 provides the number of surveys received from each DCWYJ District office and the response rate. Table 2 presents a profile of the respondents in terms of age, gender, experience, and qualifications.

APPENDIX IV
ANALYTICAL PROCEDURES

Scale Construction and Characteristics
Scales Based on Fixed Alternative Questions
Coding of Narrative Comments

Scale Construction

The Vermont survey of DCWYJ case workers' opinions of Child and Adolescent Mental Health Programs included twenty-two fixed-alternative questions and four open-ended questions.

Scales Based on Fixed Alternative Questions

Three scales were derived from the DCWYJ case workers' responses to the fixed alternative questions. These include a scale that measures (1) respondents' positive *overall* evaluation of their local community mental health center's Child and Adolescent Mental Health Program, and scales that measure (2) positive evaluations of the *staff* who provide mental health services, and (3) the *quality* of these services. A fourth scale that intended to measure the DCWYJ case workers' perception of treatment *outcomes* was dropped due to an error on the rating scale headings on the actual survey for questions 17 through 22.

Responses to the fixed alternative questions were entered directly into a computer database for analysis and then regrouped according to whether they were positive or not. Responses that indicated case workers "Strongly Agree" or "Agree" with the item were grouped to indicate a positive evaluation of program performance. After each item response was coded as "positive" or "not positive", the number of items with positive responses for each person was divided by the total number of questions to which the person had responded for the given scale.

Overall evaluation of Child and Adolescent Mental Health Program performance, our first composite measure, uses 15 fixed alternative questions (questions 2 through 16). The internal consistency of the *Overall* scale as measured by average inter-item correlation (Cronbach's Alpha) is .9618.

Staff, our second composite measure, was derived from case worker responses to ten fixed alternative questions. The items that contributed to this scale include:

4. The clinical staff are adequately trained and supervised.
5. Staff work effectively with young people.
6. The staff know how to work with the child welfare system.
7. The staff communicate clearly and effectively with other involved service providers
8. The staff effectively use the strengths of the child, family, and community.
9. The staff will "go the extra mile" to help children and their families.
10. I feel respected by the staff.
11. I like the staff who work with me
12. The staff ask what we need.
13. The staff listen to what I have to say.

For a rating to be included, at least five of these questions had to have been answered. All respondents answered at least five out of the ten questions; therefore no individual responses were excluded. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .9437.

Service Quality, our third composite measure was derived from case worker responses to four of the fixed alternative questions. The items that contributed to this scale include:

3. I would recommend this mental health center to other professionals for their clients.

14. This mental health center provides the type of mental health services needed by the children and families with whom I work.
15. This mental health center provides the amount of services needed by the children and families with whom we work.
16. This mental health center provides quality services.

For a rating to be included, at least three of these questions had to have been answered. All respondents answered at least three out of the four questions; therefore no individual responses were excluded. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha) is .8919.

Coding of Narrative Comments

In order to obtain a more complete understanding of the opinions and concerns of case workers of Child and Adolescent Mental Health Programs in Vermont, four open-ended questions were included in the questionnaire:

20. What was the most helpful aspect of the services this mental health center provided?
21. What was the least helpful aspect of the services this mental health center provided?
22. What could this mental health center do to improve?
23. Other comments?

Eighty-eight percent of respondents supplemented their responses to fixed alternative questions with written narrative comments about the Child and Adolescent Mental Health Programs provided by their local Community Mental Health Centers. These written responses were coded first into positive and negative comments to ascertain what proportion of all respondents made at least one positive comment and what proportion of all respondents made at least one negative comment about their community Child and Adolescent Mental Health Programs. Positive comments were further categorized into *positive comments about staff*, *positive comments about services*, and *positive comments about access*. Negative comments were further categorized into *negative comments about staff*, *negative comments about services*, and *negative comments about access*.

APPENDIX V
TABLES AND FIGURES

Surveys Received by Program

Respondent Profile

Proportion of Caseload Receiving Community Mental Health Care

Positive Responses to Individual Questions by Program

Positive Scale Scores by Program

Provider Comparisons

Table 1**Number and Percent of Surveys Received by District**

DCF District Office	Surveys Sent	Surveys Received	Response Rate
Statewide Total	229	80	35%
St Johnsbury	10	8	80%
Middlebury	11	8	73%
Brattleboro	14	7	50%
Hartford	14	6	43%
Morrisville	13	5	38%
St Albans	23	8	35%
Burlington	55	19	35%
Barre	19	6	32%
Springfield	18	4	22%
Rutland	24	5	21%
Bennington	18	3	17%
Newport	10	1	10%

Table 2
Respondent Profile

Case Worker Characteristics		Number	% of Respondents
Gender	Male	12	15%
	Female	47	59%
	Unreported	21	26%
Age	30 or Less	9	11%
	31-44	13	16%
	45+	29	36%
	Unreported	29	36%
Experience	1-5 years	15	19%
	6-14 years	21	26%
	15+ years	27	34%
	Unreported	17	21%
Education	AA	1	1%
	BA	28	35%
	MA	27	34%
	Unreported	24	30%

Table 3

**Case Worker Reports of How Many Youth on Their Caseload
Received Community Mental Health Care in the Past Year
at the Agency Which They Were Evaluating**

Region/Provider	0-40%		40-60%		60-100%	
	#	%	#	%	#	%
Statewide	26	38%	19	28%	23	34%
Addison - CSAC	0	0%	1	13%	7	88%
Bennington - UCS	0	0%	1	100%	0	0%
Chittenden - HCHS	11	69%	4	25%	1	6%
Lamoille - LCMHS	0	0%	1	33%	2	67%
Northeast - NEK	2	40%	0	0%	3	60%
Northwest - NCSS	0	0%	3	38%	5	63%
Orange - CMC	3	100%	0	0%	0	0%
Rutland - RACS	2	50%	2	50%	0	0%
Southeast - HCRSSV	6	40%	7	47%	2	13%
Washington - WCMHS	2	40%	0	0%	3	60%

Table 4

**Positive Responses to Individual Fixed Alternative Questions
By Program**

	State	Addison	Northwest	Chittenden	Lamoille	Southeast	Northeast	Orange	Rutland	Bennington	Washington
<i>I like the staff who work with me</i>	74%	88%	63%	79%	80%	75%	56%	100%	20%	100%	100%
<i>The services this mental health center provides are helpful</i>	69%	100%	63%	79%	60%	63%	44%	33%	25%	100%	100%
<i>Staff work effectively with young people</i>	63%	100%	63%	74%	60%	44%	38%	33%	20%	100%	100%
<i>I feel respected by the staff</i>	60%	88%	63%	63%	20%	50%	44%	67%	20%	100%	100%
<i>I would recommend this mental health center to other professionals for their clients</i>	58%	100%	50%	74%	40%	38%	33%	33%	0%	100%	100%
<i>The clinical staff is adequately trained and supervised</i>	56%	100%	25%	79%	0%	50%	22%	33%	25%	67%	100%
<i>The staff listen to what I have to say</i>	54%	88%	43%	58%	40%	50%	33%	33%	0%	100%	100%
<i>This mental health center provides quality services</i>	52%	100%	38%	68%	40%	38%	22%	0%	20%	67%	100%
<i>The staff effectively use the strenghts of the child, family, and community</i>	51%	88%	50%	58%	40%	38%	33%	0%	20%	67%	100%
<i>The staff communicate clearly and effectively with other involved service providers</i>	48%	75%	38%	37%	40%	56%	33%	0%	20%	67%	100%
<i>The staff will "go the extra mile" to help children and their families</i>	47%	100%	25%	63%	40%	31%	44%	0%	0%	0%	100%
<i>The staff know how to work with the child welfare system</i>	45%	75%	63%	37%	60%	31%	33%	0%	0%	67%	100%
<i>This mental health center provides the type of mental health services needed by the children and families with whom we work</i>	41%	88%	38%	47%	40%	27%	11%	0%	0%	67%	83%
<i>The staff ask what I need</i>	40%	86%	0%	33%	40%	38%	22%	0%	20%	100%	100%
<i>This mental health center provides the amount of services needed by the children and families in this region</i>	26%	50%	25%	37%	20%	13%	11%	0%	0%	0%	67%
<i>Average</i>	52%	88%	43%	59%	41%	43%	32%	22%	13%	73%	97%

Table 5

Positive Scale Scores by Program

Region		Overall	Staff	Quality
Statewide median		32%	45%	26%
Addison	CSAC	88%	88%	100%
Northwest	FGI	25%	25%	25%
Chittenden	HCHS	53%	53%	58%
Lamoille	LCMH	20%	60%	20%
Southeast	SEV	31%	38%	27%
Northeast	NEK	33%	33%	11%
Orange	CMC	0%	0%	0%
Rutland	RACS	20%	20%	0%
Bennington	UCS	67%	100%	67%
Washington	WCMH	100%	100%	100%

Rates in bold typeface are significantly different from statewide median.

Provider Comparisons

Positive Overall Evaluation

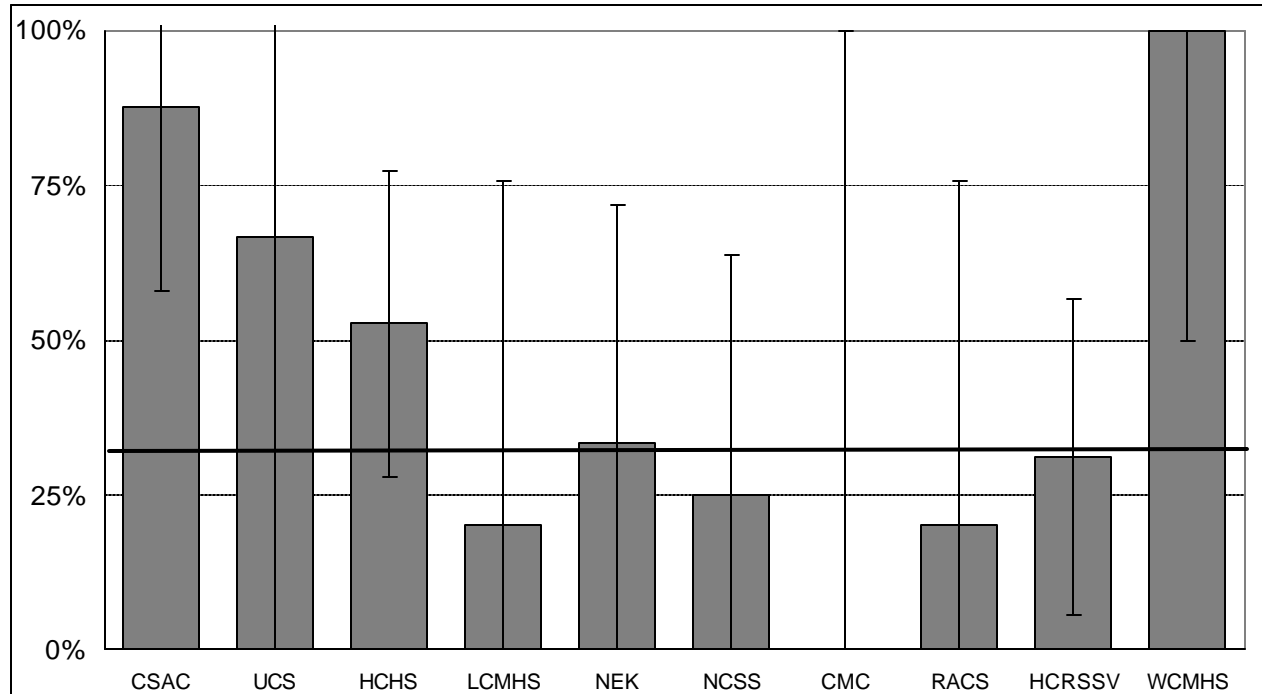
Positive Evaluation of Staff

Positive Evaluation of Service Quality

Comparison of Case Worker Evaluations

Figure 3

**Positive Overall Evaluation
of Child and Adolescent Mental Health Services
by DCWYJ Case Workers in Vermont**

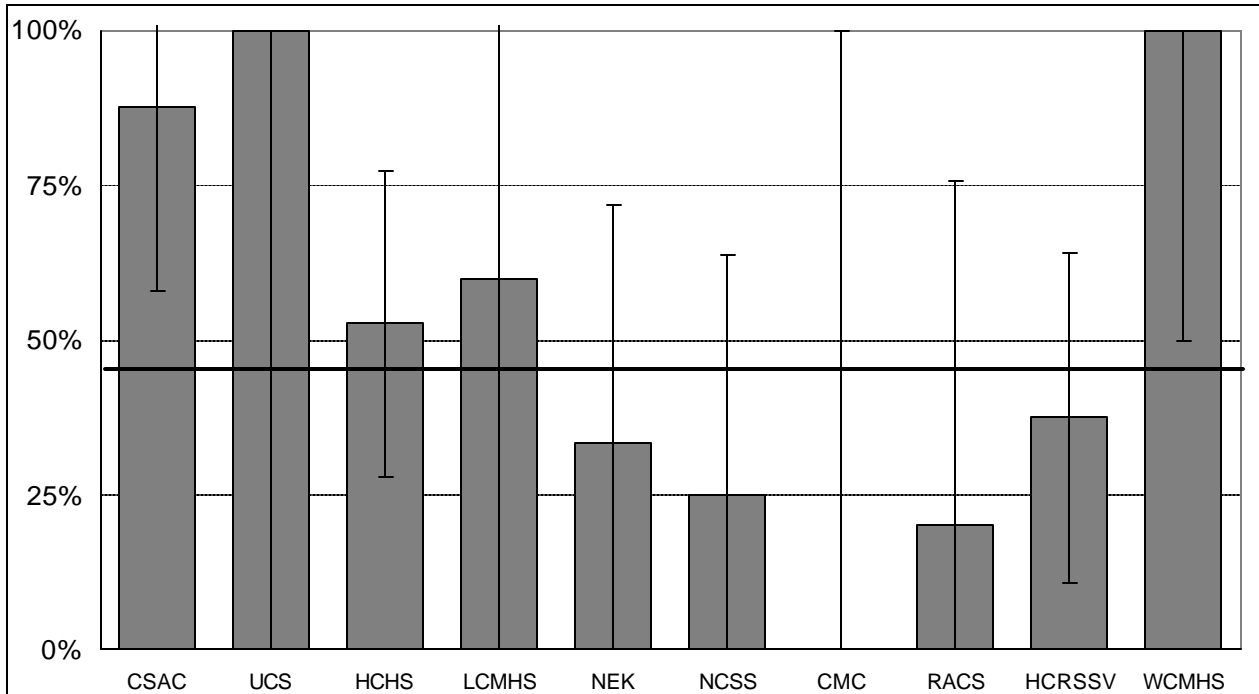


Region/Provider	# Respondents	# Positive Responses	% Positive Responses	Confidence Interval	Significance*
Addison -CSAC	8	7	88%	(>58%)	*
Bennington -UCS	3	2	67%	(0%-100%)	
Chittenden -HCHS	19	10	53%	(28%-77%)	
Lamoille -LCMHS	5	1	20%	(<76%)	
Northeast -NEK	9	3	33%	(<72%)	
Northwest -NCSS	8	2	25%	(<64%)	
Orange -CMC	3	0	0%	(0%-100%)	
Rutland -RACS	5	1	20%	(<76%)	
Southeast -HCRSSV	16	5	31%	(6%-57%)	
Washington -WCMHS	6	6	100%	(>50%)	*
Statewide median			32%		

* denotes that ratings of case workers in this agency are significantly different to the statewide median

Figure 4

**Positive Evaluation of Staff
of Child and Adolescent Mental Health Services
by DCWYJ Case Workers in Vermont**

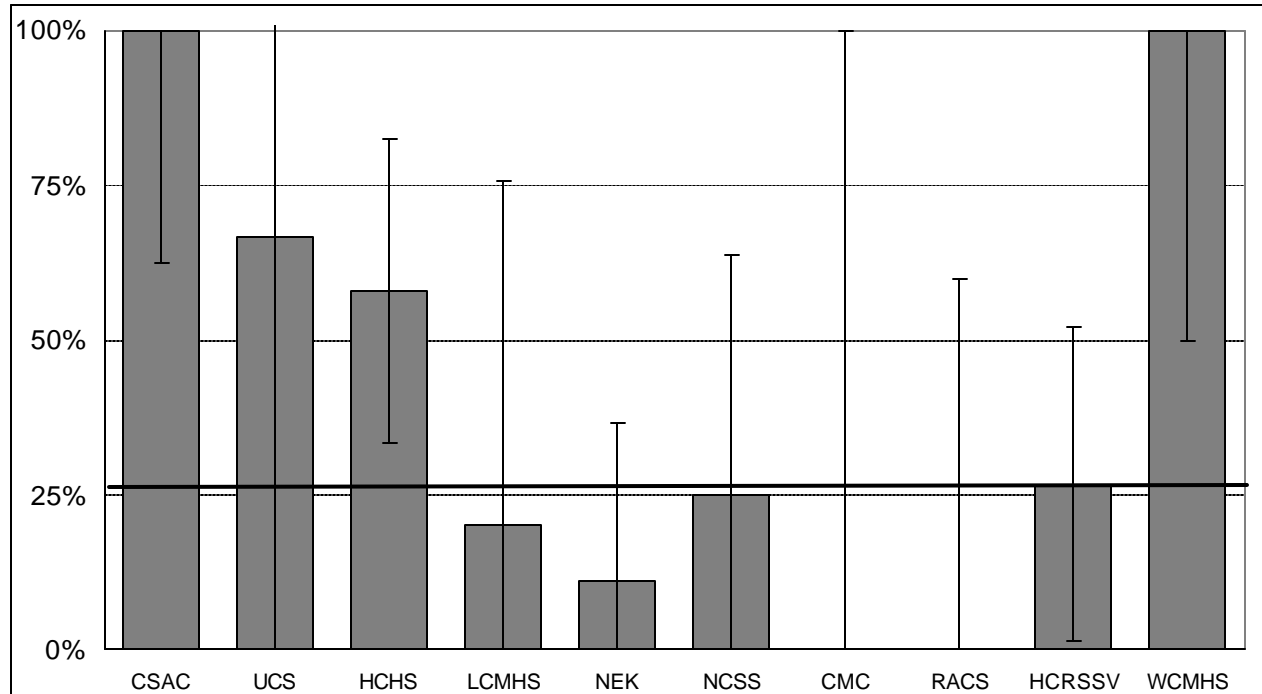


Region/Provider	# Respondents	# Positive Responses	% Positive Responses	Confidence Interval	Significance*
Addison -CSAC	8	7	88%	(>58%)	*
Bennington -UCS	3	3	100%	(0%-100%)	
Chittenden -HCHS	19	10	53%	(28%-77%)	
Lamoille -LCMHS	5	3	60%	(0%-100%)	
Northeast -NEK	9	3	33%	(<72%)	
Northwest -NCSS	8	2	25%	(<64%)	
Orange -CMC	3	0	0%	(0%-100%)	
Rutland -RACS	5	1	20%	(<76%)	
Southeast -HCRSSV	16	6	38%	(11%-64%)	
Washington -WCMHS	6	6	100%	(>50%)	*
Statewide median			45%		

* denotes that ratings of case workers in this agency are significantly different to the statewide median

Figure 5

**Positive Evaluation of Service Quality
of Child and Adolescent Mental Health Services
by DCWYJ Case Workers in Vermont**

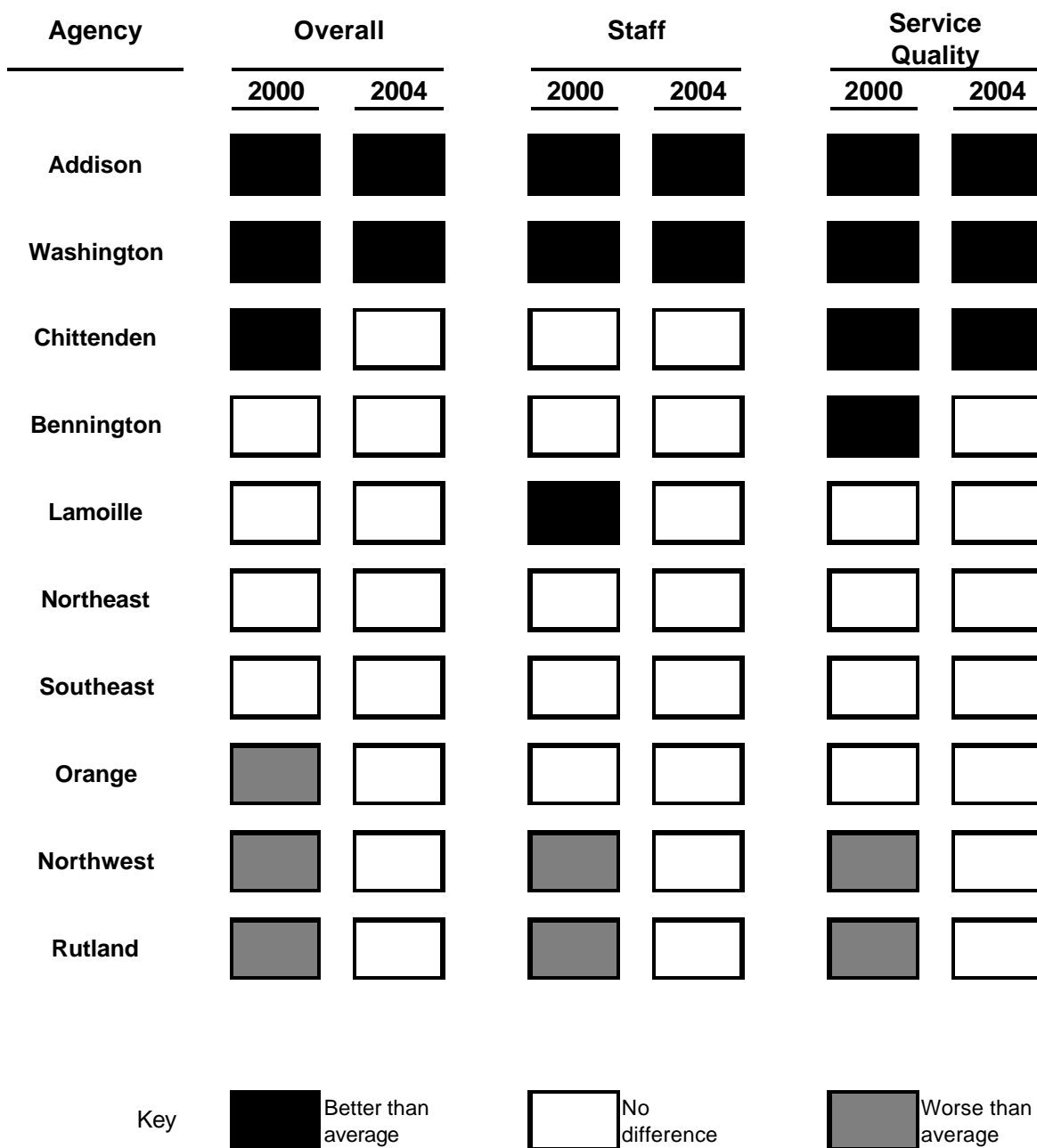


Region/Provider	# Respondents	# Positive Responses	% Positive Responses	Confidence Interval	Significance*
Addison -CSAC	8	8	100%	(>63%)	*
Bennington -UCS	3	2	67%	(0-100%)	
Chittenden -HCHS	19	11	58%	(33%-82%)	*
Lamoille -LCMHS	5	1	20%	(<76%)	
Northeast -NEK	9	1	11%	(<37%)	
Northwest -NCSS	8	2	25%	(<64%)	
Orange -CMC	3	0	0%	(0-100%)	
Rutland -RACS	5	0	0%	(<60%)	
Southeast -HCRSSV	15	4	27%	(1%-52%)	
Washington -WCMHS	6	6	100%	(>50%)	*
Statewide median			26%		

* denotes that ratings of case workers in this agency are significantly different to the statewide median

Figure 6

Comparison of Case Worker Evaluations
of Child and Adolescent Mental Health Programs
2000-2004



APPENDIX VI

Child and Adolescent Programs in Vermont

This report provides assessments of the ten regional Child and Adolescent Mental Health Programs that are designated by the Division of Mental Health. Child and Adolescent Mental Health Programs serve children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. These programs primarily provide outpatient services (individual, group and family therapy, and diagnostic services) although many agencies also provide residential services for children and adolescents who have a severe emotional disturbance. Throughout this report, these Child and Adolescent Mental Health Programs have been referred to by the name of the region that they serve. The full name and location of the designated agency with which each of these programs is associated are provided below.

Addison, Counseling Service of Addison County in Middlebury.

Bennington, United Counseling Services of Bennington County in Bennington.

Chittenden, Howard Center for Human Services in Burlington.

Lamoille, Lamoille County Mental Health Services in Morrisville.

Northeast, Northeast Kingdom Mental Health in Newport and St. Johnsbury.

Northwest, Northwest Counseling and Support Services in St. Albans.

Orange, Clara Martin Center in Randolph.

Rutland, Rutland Mental Health Services in Rutland.

Southeast, Health Care and Rehabilitation Services of Southeastern Vermont in Brattleboro, Springfield, and Hartford.

Washington, Washington County Mental Health Services in Berlin.